

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
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46		/				
47		/				
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	44					
TOTAL CLAIMS	47					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						